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## Inland Project Management, Inc. Employment Application

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Have you even been convicted of a criminal offense (felony or serious misdemeanor)?  Yes  No  
(Convictions for marijuana-related offenses that are more than two years old need not be listed?.....)

If yes, state the nature of the crime(s), when and where convicted and disposition of the case.

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(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

### Education, Training and Experience

School	Name And Address	No. of years Completed	Did you Graduate?	Degree or Diploma
<b>High School</b>	_____ Name _____ Address _____ City, State & Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>College/ University</b>	_____ Name _____ Address _____ City, State & Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Other Education</b>	_____ Name _____ Address _____ City, State & Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

### Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. **You must complete this section even if attaching a resume.**

_____ Name of Employer	_____ Telephone No. & Extension
_____ Type of Business	_____ Your Supervisor's Name
_____ Street Address	_____ City, State & Zip
_____ Your Position and Duties	
_____ Reason for Leaving	

May we contact this employer for a reference?.....  Yes  No

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**Inland Project Management, Inc.  
Employment Application**

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**Employment History - Continued**

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Telephone No. & Extension

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference?.....  Yes  No

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**Employment History - Continued**

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Telephone No. & Extension

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference?.....  Yes  No

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**Employment History - Continued**

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Telephone No. & Extension

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference?.....  Yes  No

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\_\_\_\_\_  
Initials

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by *Inland Project Management, Inc.*, I am entitled to copies of any such public records obtained by *Inland Project Management, Inc.* unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

**I waive receipt of a copy of any public record described in the paragraph above.**

\_\_\_\_\_  
Initials

I understand that any and all policies or practices can be changed at any time by the Company. The Company reserves the right to change my hours, wages and working conditions at any time. I understand and agree that other than the president of the Company, no manager, supervisor or representative of the Company has authority to enter into any agreement, express or implied, for employment for any specific period of time, or to make any agreement for employment other than at-will; only the president has the authority to make any such agreement and then only in writing signed by the president.

\_\_\_\_\_  
Initials

I understand and agree that employment at the Company is employment at-will; employment may be terminated at the will of either the Company or myself. My signature certifies that I understand the agreement on at-will status is the sole and entire agreement between the Company and myself concerning the duration of my employment and the circumstances under which my employment may be terminated.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

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### FOR COMPANY USE ONLY

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Hire Date: \_\_\_\_\_

Position: \_\_\_\_\_

W/C Code: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_

Other: \_\_\_\_\_

Mileage Reimbursement: \_\_\_\_\_

**EMPLOYMENT STATUS:**     FULL-TIME                       PART-TIME

**PAY STATUS:**                       SALARY                       HOURLY

**PAY FREQUENCY:**                       SEMI-MONTHLY                       BI-WEEKLY